Decimient Committee							COVER PAGE
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216	5)				Date Stamp	C	ALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	<b>-</b> ,	from throu	01/01/2024 gh06/30/2024	Date of election if applicable: (Month, Day, Year)	07/30/2024 17:04:49 Filing ID: 211817415	Pa	For Official Use Only
I. Type of Recipient Committee	All Committees	– Complete F	arts 1, 2, 3, and 4.	2. Type of Statement:		<u>'</u>	
☑ Officeholder, Candidate Controlled ©     ☐ State Candidate Election Commic     ☐ Recall     (Also Complete Part 5)      ☐ General Purpose Committee     ☐ Sponsored     ☐ Small Contributor Committee     ☐ Political Party/Central Committee	Committee ttee	Primarily Committe Control Spon (Also Comple	Formed Ballot Measure e billed sored ste Part 6) Formed Candidate/ der Committee	Preelection Statement  Semi-annual Statement  Termination Statement (Also file a Form 410 Te	,	Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
3. Committee Information		I.D. NUMB 140708		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME	ME IF NO COMMIT		<u> </u>	NAME OF TREASURER			_
Gloria Soto for Santa Maria	City Council	District	3 2026	Monica Intaglietta  MAILING ADDRESS			
				MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)			_	CITY		ZIP CODE	AREA CODE/PHONE
CITY	STATE Z	IP CODE	AREA CODE/PHONE	Santa Barbara  NAME OF ASSISTANT TREASUR	CA RER, IF ANY	93101	(805)709-0595
Santa Barbara		93101	(805)709-0595	Jennifer Cooper	,		
MAILING ADDRESS (IF DIFFERENT) NO. A			(000),,00	MAILING ADDRESS			
CITY	OTATE 7	IP CODE	AREA CODE/PHONE	OLTV	07175	710 0005	ADEA OODE/DUOME
Santa Maria		93456	AREA CODE/PHONE	CITY Santa Barbara	STATE CA	ZIP CODE 93101	AREA CODE/PHONE (805)448-9470
OPTIONAL: FAX / E-MAIL ADDRESS	CA	93430		OPTIONAL: FAX / E-MAIL ADDR		93101	(803)448-9470
jen@cicsb.com				monica@cicsb.com	ALOO		
l. Verification I have used all reasonable diligence in prounder penalty of perjury under the laws of	eparing and revi f the State of Cal	ewing this sta ifornia that the	tement and to the best of my kn e foregoing is true and correct.	owledge the information contained her	rein and in the attached so	chedules is	true and complete. I certify
Executed on07/11/2020 Date	l .		By	ooper Signature of Treasurer or Assistant 7	Treasurer		
Executed on	<u> </u>	•	By Gloria Sot Signature of Co	O ontrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sp	oonsor	-
Executed onDate			Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		-
Executed onDate			Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

# Recipient Committee Campaign Statement Cover Page — Part 2

	COVER P	AGE	- PART 2
CALIF FC	ORNIA ORM	4	60
Page _	2	of	8

CITY STATE ZIP CODE AREA CODE/PHONE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF TREASURER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OPPO  NAME OF OFF	Officeholder or Candidate Controlled Committee	6.	6. Primarily Formed Ballot Measure Committee					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  City Council Member Santa Maria City Council: City of Santa Maria District 3  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  Santa Maria CA 93458  Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  COMMITTEE NAME  COMMITTEE ADDRESS  STREET ADDRESS (NO. P.O. BOX)  CITY  STATE  CITY  STATE  SANTA  CA 93458  ILD. NUMBER  TOPFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  Identify the controlling officeholder, candidate, or state measure proponent, is NAME OF OFFICEHOLDER, CANDIDATE OFFICE SOUGHT ON. IF ANY  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  Identify the controlling officeholder, candidate, or state measure proponent, is NAME OF OFFICEHOLDER, CANDIDATE OFFICE SOUGHT ON. IF ANY  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  Identify the controlling officeholder, candidate, or state measure proponent, is NAME OF OFFICEHOLDER, CANDIDATE OFF	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
City Council Member Santa Maria City Council: City of Santa Maria District 3  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Santa Maria CA 93458  Related Committees Not Included in this Statement: List any committees not included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  COMMITTEE NAME  NAME OF TREASURER  CONTROLLED COMMITTEE? YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME  LD. NUMBER  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPORE  N	Gloria Soto		_					
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  Santa Maria  CA 93458  Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  COMMITTEE NAME  LD. NUMBER  COMMITTEE ADDRESS STREET ADDRESS (NO. P.O. BOX)  CITY  STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME  LD. NUMBER  T. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPO OPPO OPPO OPPO OPPO OPPO OPPO OP	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMB	ER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	ON		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  COMMITTEE NAME  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  COMMITTEE NAME  I.D. NUMBER  T. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR		of Santa Maria		-				OPPOSE
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  COMMITTEE NAME  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME  I.D. NUMBER  I.D. NUMBER  TOPICATION OF FICE HOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOPPOPPOPPOPPOPPOPPOPPOPPOPPOPPOPPOPP	` ,		_	Identify the controlling of	ficeholder, ca	ndidate, or state m	easure pr	oponent, if an
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  COMMITTEE NAME  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPO  NAME OF OFFICEHOLDER OR CANDIDA	Santa Ma	ria CA 93458	<del>_</del>	NAME OF OFFICEHOLDER. CA	NDIDATE. OR PR	ROPONENT		
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICE SOUGHT OR HELD  SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOPO  OPPORT  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPO  OPPORT  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPO  OPPORT  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPO  OPPORT  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPO  OPPORT  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPORT  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPORT  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OPPORT  OPPORT  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OPPORT  OPPORT	not included in this statement that are controlled by you or are pr	rimarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	RICT NO. IF	ANY
Officeholder(s) or candidate(s) for which this committee is primarily formed.    YES	COMMITTEE NAME I.D. NU	JMBER	_			<b>I</b>		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPOPPOPPOPPOPPOPPOPPOPPOPPOPPOPPOPPO	NAME OF TREACHRER	POLLED COMMITTEE?	- 7.					
CITY STATE ZIP CODE AREA CODE/PHONE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  OPPOPPO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPPO  OPPOPPO  OPPOPPO  OPPOPPO  OPPOPP				officeholder(s) or candidate(s	s) for which thi	is committee is prima	arily forme	d.
NAME OF OFFICE SOUGHT OR HELD SUPPOPOL  NAME OF TREASURER    NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD   SUPPOPOL	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPP OPPC  NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPP OPPC  OPPC	CITY STATE ZIP CODE	AREA CODE/PHONE	_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPP OPPO	COMMITTEE NAME I.D. NU	JMBER	_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	CURRORT.
YES NO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPICE OPPICE OPPICE SOUGHT OR HELD OPPICE OPPICE.								OPPOSE
			_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT
COMMITTEE ABORECO (NOT.O. BOX)		YES   NU	_					OPPOSE
	COMMITTEE ADDITED (NO F.O. BOX)							1
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	CITY STATE ZIP CODE	AREA CODE/PHONE	_	Δtta	ch continuatio	on sheets if necess	sarv	

# **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

Statem	nent covers period	CALI	FORI	AIV	1	60
from	01/01/2024		ORM			UU
through _	06/30/2024	Page _	3	of	::	8

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2026

I.D. NUMBER 1407086

Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$	0.00	
2. Loans Received Schedule B, Line 3	0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$	0.00	20. Contributions  Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$	0.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 1,872.12	\$	1,872.12	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,872.12	\$	1,872.12	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 1,872.12	\$	1,872.12	\$
Current Cash Statement				/ \$
12. Beginning Cash Balance	\$ 15,581.57	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	0.00		nounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	corresponding amounts rom Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	1,872.12		port. Some amounts in blumn A may be negative	
16. <b>ENDING CASH BALANCE</b> Add Lines 12 + 13 + 14, then subtract Line 15	\$ 13,709.45	fig	ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.		ре	eriod amounts. If this is a first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	r this calendar year, only rry over the amounts	
Cook Equivalents and Outstanding Dakts		fro	om Lines 2, 7, and 9 (if any).	
Cash Equivalents and Outstanding Debts				•
18. Cash Equivalents See instructions on reverse	\$ 0.00			

Schedule D SCHEDULE D **Summary of Expenditures** Statement covers period **CALIFORNIA** Amounts may be rounded **Supporting/Opposing Other** to whole dollars. **FORM** 01/01/2024 **Candidates, Measures and Committees** through  $\frac{06/30/2024}{}$ Page \_\_\_\_4\_\_ \_ of <u>\_\_8</u> SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1407086 Gloria Soto for Santa Maria City Council District 3 2026 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 05/29/2024 Democratic Women Of Santa Barbara County 175.00 175.00 X Monetary Contribution ■ Nonmonetary Contribution Independent Expenditure X Support Oppose ■ Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose SUBTOTAL \$ 175.00

#### **Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$	175.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\L \$	175.00

Schedule E
Payments Made

# Amounts may be rounded to whole dollars.

		SCHEDULE E
Statement	covers period	CALIFORNIA / CO
from	01/01/2024	FORM TOU
through	06/30/2024	Page5 of8
		I.D. NUMBER
		1407086

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2026  $\,$ 

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	1	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group Los Angeles, CA 90744	PRO				227.50
C&I Consulting Santa Barbara, CA 93101	PRO				150.00
Integrated Solutions: Political San Diego, CA 92116	OFC				60.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL\$	437.50
--	------------	--------

#### **Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$_	1,672.50
2. Unitemized payments made this period of under \$100\$_	199.62
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$_	0.00
4 Total payments made this period. (Add Lines 1. 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)  TOTAL \$	1,872.12

Schedule E
(Continuation Sheet)
Payments Made (

# Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2024	FORM TOU
through06/30/2024	— Page <u>6</u> of <u>8</u>
	I.D. NUMBER
	1407086

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2026

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals polling and survey research fundraising events independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

	· · · · · · · · · · · · · · · · · · ·	···		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID	
C&I Consulting Santa Barbara, CA 93101	PRO		150.00	
C&I Consulting Santa Barbara, CA 93101	PRO		150.00	
Integrated Solutions: Political San Diego, CA 92116	OFC		60.00	
Kaufman Legal Group Los Angeles, CA 90744	PRO		70.00	
Integrated Solutions: Political San Diego, CA 92116	OFC		60.00	

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 490.00

Schedule E	
(Continuation Sheet	)
Payments Made	-

### Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460
from	01/01/2024	FORM 400
through	06/30/2024	Page of8
		I.D. NUMBER

1407086

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2026  $\,$ 

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries PET petition circulating CVC civic donations TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals fundraising events

ND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

T campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	PRO	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
	PRO		150.00
Integrated Solutions: Political San Diego, CA 92116	OFC		60.00
C&I Consulting Santa Barbara, CA 93101	PRO		150.00
Democratic Women Of Santa Barbara County (ID# 743656) Santa Barbara, CA 93110	CTB		175.00
C&I Consulting Santa Barbara, CA 93101	PRO		150.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 685.00

Sc	hed	lule	E	
(Co	onti	nua	tion	Sheet)
Pa	yme	ents	Mad	de

#### Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460
from	01/01/2024	FORM 400
through	06/30/2024	Page 8 of 8
		I.D. NUMBER

1407086

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2026

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals FND fundraising events POL TRS

independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services IND POS VOT voter registration LEG legal defense professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor

LIT campaign literature and mailings	PRT print ads	i services (legal, accou	WEB information technology cos	its (internet, e-mail)
NAME AND ADDRESS OF PAYEI (IF COMMITTEE, ALSO ENTER I.D. NUMBI	E FR)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political San Diego, CA 92116		OFC		60.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 

60.00